

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 FEB -2 PM 12:29

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

F I R S T C O M M O N W E A L T H F I N A N C I A L C O R P O R A T I O N P A C

T e r e s a M C i a m b o t t i

ADDRESS (number and street)

P O B o x 4 0 0



Check if different than previously reported. (ACC)

I n d i a n a P A 1 5 7 0 1 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 4 8 1 8 5

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the State of

(d) 30-Day

POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

0 7 / 0 1 / 2 0 1 5

through

1 2 / 3 1 / 2 0 1 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Teresa Ciambotti

Signature of Treasurer

Teresa Ciambotti

Date

0 1 / 2 9 / 2 0 1 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Report Covering the Period: From: 07/01/2015 To: 12/31/2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		897.26
(b) Cash on Hand at Beginning of Reporting Period	6,994.34	
(c) Total Receipts (from Line 19)	10,388.52	18,014.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17,382.86	18,911.86
7. Total Disbursements (from Line 31)	10,400.00	11,929.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,982.86	6,982.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Report Covering the Period: From:

07 / 01 / 2015

To:

12 / 31 / 2015

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8,411.97

12,852.05

(ii) Unitemized.....

1,976.55

5,162.55

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

10,388.52

18,014.60

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

10,388.52

18,014.60

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

10,388.52

18,014.60

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

10,388.52

18,014.60

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 00	0 00
(ii) Non-Federal Share	0 00	0 00
(b) Other Federal Operating Expenditures	0 00	2 9 00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 00	2 9 00
22. Transfers to Affiliated/Other Party Committees	0 00	0 00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 00	0 00
24. Independent Expenditures (use Schedule E)	0 00	0 00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0 00	0 00
26. Loan Repayments Made	0 00	0 00
27. Loans Made	0 00	0 00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 00	0 00
(b) Political Party Committees	0 00	0 00
(c) Other Political Committees (such as PACs)	0 00	0 00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 00	0 00
29. Other Disbursements	10,400.00	11,900.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 00	0 00
(ii) "Levin" Share	0 00	0 00
(b) Federal Election Activity Paid Entirely With Federal Funds	0 00	0 00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0 00	0 00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10,400.00	11,929.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	10,400.00	11,929.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10,388.52	18,014.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,388.52	18,014.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	29.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	29.00

NOT FOR FILING

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 10	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Yanief, Peter A.		Date of Receipt
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer FCB		270.00
Occupation Credit Department Manger/SVP		(7/14/15-12/30/15)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		(\$10.00 Semimonthly)
Aggregate Year-to-Date ▼ 390.00		(10/29/15-12/30/15)
		(\$30.00 Semimonthly)

B. Full Name (Last, First, Middle Initial) Answine, Emmanuel J.		Date of Receipt
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer FCB		
Occupation SVP - Operations Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Trimarchi, Josphe E		Date of Receipt
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer FCB		100.00
Occupation VP/Public Service Sales Manager		(11/27/15-\$50.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		(12/30/15-\$50.00)
Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only) 7.....▶

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **2** OF **10**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Emmerich Jr., I Robert		Date of Receipt 09/29/2015
Mailing Address PO Box 400		Amount of Each Receipt this Period 300.00
City Indiana	State PA Zip Code 15701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FCB	Occupation Chief Credit Officer/EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Price, Michael J.		Date of Receipt 12/30/15
Mailing Address PO Box 400		Amount of Each Receipt this Period 200.00 (12/30/15 - \$200.00)
City Indiana	State PA Zip Code 15701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00 (12/30/15 - \$200.00)
Name of Employer FCB	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,200.00	

C. Full Name (Last, First, Middle Initial) Latimer, Luke A.		Date of Receipt 10/21/2015
Mailing Address PO Box 400		Amount of Each Receipt this Period 300.00
City Indiana	State PA Zip Code 15701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FCFC Board of Directors	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. Dahlmann, David S.

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCFC Board of Directors

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 19 / 2015

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Buckiso, David B.

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCB

Occupation
Wealth Services Manager/EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

10 / 19 / 2015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Claus, Gary R.

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCB

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 06 / 2015

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) ▶

1,200.00

TOTAL This Period (last page this line number only) ▶

2015-02-02 10:00:00 AM

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **4** OF **10**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Foraker, Stan R.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address PO Box 400 City State Zip Code Indiana PA 15701		Amount of Each Receipt this Period 600.00 (7/14/15-12/30/15) (\$25.00 Semimonthly) 10-08-15 check for \$300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer FCB Occupation Mortgage Banking Executive/EVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	
B. Full Name (Last, First, Middle Initial) Grebenc, Jane		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address PO Box 400 City State Zip Code Indiana PA 15701		Amount of Each Receipt this Period 507.20 (7/14/15-12/30/15) (\$20.00 Semimonthly) (10/29/15-12/30/15) (\$53.44 Semimonthly)	
FEC ID number of contributing federal political committee. C			
Name of Employer FCB Occupation President/EVP/Chief Revenue Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 747.20	
C. Full Name (Last, First, Middle Initial) Metzmaier, Linda D.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address PO Box 400 City State Zip Code Indiana PA 15701		Amount of Each Receipt this Period 249.92 (7/14/15-12/30/15) (\$20.83 Semimonthly)	
FEC ID number of contributing federal political committee. C			
Name of Employer FCB Occupation Chief Compliance Officer/SVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).....▶		1,357.12	
TOTAL This Period (last page this line number only).....▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Larontonda, Linda M.		Date of Receipt MM/DD/YYYY
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer FCB	Occupation Consumer Credit Svcs Mgr/SVP	(7/14/15-12/30/15) (\$5.00 Semimonthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	10/14/15-10/29/15) (\$100.00 Semimonthly)

B. Full Name (Last, First, Middle Initial) Lombardi, Leonard V.		Date of Receipt MM/DD/YYYY
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 427.80
Name of Employer FCB	Occupation Chief Audit Executive/EVP	(7/14/15-12/30/15) (\$12.50 Semimonthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.80	(10/29/15-12/30/15) (\$55.56 Semimonthly)

C. Full Name (Last, First, Middle Initial) Martin, Earl L.		Date of Receipt MM/DD/YYYY
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer FCB	Occupation Business Banking Executive/SVP	(7/14/15-12/30/15) (\$10.00 Semimonthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	(11/14/15-12/30/15) (\$27.50 Semimonthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

917.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 OF 10	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Full Name (Last, First, Middle Initial)

Reske, James

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

421.80

Name of Employer
FCB

Occupation
EVP/CFO /Treasurer

(7/14/15-12/30/15)
(\$12.00 Semimonthly)
(10/29/15-12/30/15)
(\$55.56 Semimonthly)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.80

Full Name (Last, First, Middle Initial)

Piorier, Daniel W.

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

253.35

Name of Employer
FCB

Occupation
Business Banker II/VP

(7/14/15-12/30/15)
(\$10.00 Semimonthly)
(10/29/15-12/30/15)
(\$26.67 Semimonthly)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.35

Full Name (Last, First, Middle Initial)

White, Megan A.

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

258.90

Name of Employer
FCB

Occupation
Regional Manager/VP

(7/14/15-12/30/15)
(\$10.00 Semimonthly)
(10/29/15-12/30/15)
(\$27.78 Semimonthly)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.90

SUBTOTAL of Receipts This Page (optional).....▶

934.05

TOTAL This Period (last page this line number only).....▶

2016-02-02 00:04:00 1

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Straub, Jamie		Date of Receipt 07/14/15
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer FCB	Occupation VP Business Banking	(07/14/15-12/30/15) (Semi-monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
B. Full Name (Last, First, Middle Initial) Tomb, Matthew		Date of Receipt 07/14/15
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer FCB	Occupation EVP Legal & Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
C. Full Name (Last, First, Middle Initial) Caponi, Julie		Date of Receipt 10/29/15
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only) 7.....▶

6800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **8** OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Full Name (Last, First, Middle Initial)

Chini, Mark A

Date of Receipt

11/27/15

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

200.00

Name of Employer
FCB

Occupation
Financial Solutions Market Leader

(10/29/15 - \$100.00)
(11/27/15 - \$100.00)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Full Name (Last, First, Middle Initial)

Platt, Gary

Date of Receipt

11/29/15

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

200.00

Name of Employer
FCB

Occupation
SVP-Senior Corporate Banker

(10/29/15 - 200.00)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Full Name (Last, First, Middle Initial)

Reynolds, Wendy

Date of Receipt

07/14/15

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

120.00

Name of Employer
FCB

Occupation
VP Administration

(07/14/15-09/29/15)
(\$10.00 semi-monthly)
(10/14/15-12/30/15)
(\$20.00 - Monthly)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

SUBTOTAL of Receipts This Page (optional).....

520.00

TOTAL This Period (last page this line number only).....

7

2015-11-20 10:00:00 AM

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 10 OF 10	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Montgomery, Norman J>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 5
Mailing Address PO Box 400		Amount of Each Receipt this Period 500.00
City Indiana	State PA Zip Code 15701	
FEC ID number of contributing federal political committee. C		
Name of Employer FCB	Occupation Business Integration Grp Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Zuro, Matthew T.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 5
Mailing Address PO Box 400		Amount of Each Receipt this Period 300.00
City Indiana	State PA Zip Code 15701	
FEC ID number of contributing federal political committee. C		
Name of Employer FCB	Occupation VP/Retail & Small Business Banking	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Greenfield, David W.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 5
Mailing Address PO Box 400		Amount of Each Receipt this Period 300.00
City Indiana	State PA Zip Code 15701	
FEC ID number of contributing federal political committee. C		
Name of Employer FCFC Board of Directors	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,100.00
TOTAL This Period (last page this line number only).....▶	8,411.97

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:
 (check only one)

PAGE 1 OF 2

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Friends & Dave Reed		0 8 / 1 7 / 2 0 1 5	
Mailing Address PO Box 1440			
City Indiana	State PA	Zip Code 15701	
Purpose of Disbursement Contribution		0 1 1	Amount of Each Disbursement this Period 1,000.00
Candidate Name Dave Reed		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

B.		Date of Disbursement	
Friends of Senator Don White		0 8 / 1 7 / 2 0 1 5	
Mailing Address PO Box 363			
City Indiana	State PA	Zip Code 15701	
Purpose of Disbursement Contribution		0 1 1	Amount of Each Disbursement this Period 1,300.00
Candidate Name Don White		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

C.		Date of Disbursement	
Patrick Dougherty for D.A.		0 8 / 1 7 / 2 0 1 5	
Mailing Address 951 Country Lane			
City Indiana	State PA	Zip Code 15701	
Purpose of Disbursement Contribution		0 1 1	Amount of Each Disbursement this Period 600.00
Candidate Name Patrick Dougherty		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶

2,900.00

TOTAL This Period (last page this line number only).....▶

2016-02-03 00:04:06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
PaBPAC		MM / DD / YYYY 11 / 03 / 2015	
Mailing Address PO Box 152			
City	State	Zip Code	
Harrisburg	PA	17110	
Purpose of Disbursement Contribution		011 Category/ Type	Amount of Each Disbursement this Period 7,500.00
Candidate Name PaBPAC			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

B.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

C.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶

7,500.00

TOTAL This Period (last page this line number only).....▶

10,400.00

2015-02-02 11:00:00

First Commonwealth®

First Commonwealth Bank
Central Offices: Philadelphia and 6th Streets, P.O. Box 400
Indiana, PA 15701-0400

Address Service Requested

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

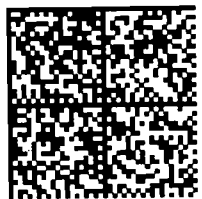


7012 0470 0001 1287 5960

**RETURN RECEIPT
REQUESTED**

Federal Election Commission
999 East Street N.W.
Washington, D.C. 20463

CPU U.S. POSTAGE
PB 1P 000
3661263
FCMF
MAILED JAN 30 2016
16602
\$ 7.890



**RETURN RECEIPT
REQUESTED**

RECEIVED
FEC MAIL CENTER
2016 FEB -2 PM 12:29

NOTED ON ON ON 000056048

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
--	-------------------------------

<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 11/30/16
---	-------------------------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
---	------------

<input type="checkbox"/> USPS Priority Mail Express	Postmarked
---	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

PREPARER
(3/2015)

[Signature]

2/2/16
DATE PREPARED

20160202 01:00:00